

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14719

State File No.

FILED MAY 31 1955

BIRTH NO.		REG. DIST. NO. 42		PRIMARY REG. DIST. NO. 1000		Registrar's No. 511	
1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan			
b. CITY (If outside corporate limits, write RURAL and give township) St. Joseph		c. LENGTH OF STAY (in this place) 45 yrs.		c. CITY OR TOWN St. Joseph		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Methodist Hospital				f. STREET ADDRESS (If rural, give location) 104 North 12th St.			
3. NAME OF DECEASED (Type or Print)		a. (First) Lois		b. (Middle) Lorene		c. (Last) Moreland	
4. DATE OF DEATH		(Month) May		(Day) 15		(Year) 1955	
5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH Nov. 13, 1904	9. AGE (In years last birthday) 50	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) secretary Newspaper circulation office		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Osborn, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME John Wm. Moreland		13b. MOTHER'S MAIDEN NAME Florence Cornman		14. NAME OF HUSBAND OR WIFE Clarence A.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns) (If yes, give year or dates of service) no none		16. SOCIAL SECURITY NO. 491-09-2204		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Mary DuPont, 104N. 12th, St. Joseph, Mo			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatosis, generalized ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Ca. of ovary. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 175X				INTERVAL BETWEEN ONSET AND DEATH 2 years ?	
19a. DATE OF OPERATION 4 May 1953		19b. MAJOR FINDINGS OF OPERATION Carcinomatosis				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Apr. 24, 1953 , to May 15, 1955 , that I last saw the deceased alive on May 14, 1955 , and that death occurred at 2:00A. m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) William P. McDonald		23b. ADDRESS M. D. 301 N. 8th St., St. Joseph, Mo.		23c. DATE SIGNED May 16, 1955			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5/17/1955		24c. NAME OF CEMETERY OR CREMATORY Evergreen Cemetery		24d. LOCATION (City, town, or county) (State) Osborn, Missouri	
DATE REC'D BY LOCAL REG. May 25, 1955		REGISTRAR'S SIGNATURE Charles M. Allison		485 25. FUNERAL DIRECTOR'S SIGNATURE Heaton-Bourman Funeral Home, Inc.		ADDRESS St. Joseph, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 3804

P. O. Address 319 South St.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.